



Audition Form Sunday 1<sup>st</sup> April 2012 Dance Reality Reading

Name .....	Age (if under 18).....
Address .....	Date of birth .....
Email .....	
Postcode.....	
Phone.....	
Dance school/studio.....	
Where did you hear about us?.....	
Standard .....	
Additional medical information .....	
.....	
Emergency contact details .....	

<b>Audition/Workshop</b>
I would like to audition for the <b>Tap Attack Company</b> <input type="checkbox"/>
I would like to audition for the <b>Tap Attack Associates</b> <input type="checkbox"/>
Please return to Tap Attack The Studio 31 Bishopdale Close Nine Elms Swindon SN5 5UZ

Terms and conditions

(1) **Tap Attack** reserves the right to use their photos and videos for advertising and publicity purposes. (2) **Tap Attack** will not be held responsible for any claims to damages or injuries of any kind resulting from activities from the audition/workshop. (3) Dancers will be notified within 1 week of the audition of the outcome. (4) Regrettably **Tap Attack** is not able to enter into any further correspondence be it by letter, telephone or email as to our final decision.

Please see the information page for details regarding the audition and company.

I hereby acknowledge the above stated terms and conditions and accept all risks, damages or injuries of any kind.

Signed (parent/guardian if under 18).....

Signed (dance teacher only if required).....

Date.....